

Food Establishment Inspection Report

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Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530		No. of Risk Factor/Intervention Violations	1	Date	07/25/2023
Establishment Uncle Bob's Homemade Ice Cream		License/Permit #	23 016	No. of Repeat Risk Factor/Intervention Violations	1
Street Address 409 E. Center Street		Permit Holder Uncle Bob's Homemade Ice Cream Inc		Risk Category	II
City/State Eureka, IL		ZIP Code 61530		Purpose of Inspection Routine Inspection	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

<p>Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</p>	<p>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.</p>
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Compliance Status		COS	R
Supervision			
1	In	Person in charge present, demonstrates knowledge, and performs duties	
2	Out	Certified Food Protection Manager (CFPM)	X
Employee Health			
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4	In	Proper use of restriction and exclusion	
5	In	Procedures for responding to vomiting and diarrheal events	
Good Hygienic Practices			
6	In	Proper eating, tasting, drinking, or tobacco use	
7	In	No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands			
8	In	Hands clean and properly washed	
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed	
10	In	Adequate handwashing sinks properly supplied and accessible	
Approved Source			
11	In	Food obtained from approved source	
12	N/O	Food received at proper temperature	
13	In	Food in good condition, safe, and unadulterated	
14	N/A	Required records available: shellstock tags, parasite destruction	

Compliance Status		COS	R
Protection from Contamination			
15	In	Food separated and protected	
16	In	Food-contact surfaces; cleaned and sanitized	
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food	
Time/Temperature Control for Safety			
18	In	Proper cooking time and temperatures	
19	N/A	Proper reheating procedures for hot holding	
20	N/A	Proper cooling time and temperature	
21	In	Proper hot holding temperatures	
22	In	Proper cold holding temperatures	
23	In	Proper date marking and disposition	
24	N/A	Time as a Public Health Control; procedures & records	
Consumer Advisory			
25	N/A	Consumer advisory provided for raw/undercooked food	
Highly Susceptible Populations			
26	N/A	Pasteurized foods used; prohibited foods not offered	
Food/Color Additives and Toxic Substances			
27	N/A	Food additives: approved and properly used	
28	In	Toxic substances properly identified, stored, and used	
Conformance with Approved Procedures			
29	N/A	Compliance with variance/specialized process/HACCP	

GOOD RETAIL PRACTICES

<p>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</p>
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Compliance Status		COS	R
Safe Food and Water			
30		Pasteurized eggs used where required	
31		Water and ice from approved source	
32		Variance obtained for specialized processing methods	
Food Temperature Control			
33		Proper cooling methods used; adequate equipment for temperature control	
34		Plant food properly cooked for hot holding	
35		Approved thawing methods used	
36		Thermometers provided & accurate	
Food Identification			
37	X	Food properly labeled; original container	X
Prevention of Food Contamination			
38		Insects, rodents, and animals not present	
39		Contamination prevented during food preparation, storage and display	
40		Personal cleanliness	
41		Wiping cloths: properly used and stored	
42		Washing fruits and vegetables	

Compliance Status		COS	R
Proper Use of Utensils			
43		In-use utensils: properly stored	
44		Utensils, equipment & linens: properly stored, dried, & handled	
45		Single-use/single-service articles: properly stored and used	
46		Gloves used properly	
Utensils, Equipment and Vending			
47	X	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
48		Warewashing facilities: installed, maintained, & used; test strips	
49		Non-food contact surfaces clean	
Physical Facilities			
50		Hot and cold water available; adequate pressure	
51		Plumbing installed; proper backflow devices	
52		Sewage and waste water properly disposed	
53		Toilet facilities: properly constructed, supplied, & cleaned	
54		Garbage & refuse properly disposed; facilities maintained	
55	X	Physical facilities installed, maintained, and clean	
56		Adequate ventilation and lighting; designated areas used	
Employee Training			
57		All food employees have food handler training	
58		Allergen training as required	

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Establishment: Uncle Bob's Homemade Ice Cream

Establishment #: 23 016

Water Supply: ☒ Public ☐ PrivateWaste Water System: ☒ Public ☐ Private

Sanitizer Type: Quaternary ammonium

PPM: 200

Heat: N/A

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Hot dogs/hot-holding	151	Ice cream/RIF	-5		
		Ice cream mix/WIC	32		
		Milk/RIC	41		
		Shredded cheese/cold-holding	41		
		Sliced tomatoes/cold-holding	41		
		Pulled pork/RIC	36		

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
2	2-102.12 (C) Observed documentation that only two (2) food employees have certified food protection manager certification. This facility is categorized as a Category II food establishment, and the person-in-charge shall have CFPM certification and be on the premises during all hours of operation. Provide an adequate number of staff with approved CFPM certification to ensure that the person-in-charge has CFPM certification and is on the premises during all hours of operation. Please correct this violation within 90 days or at least by next routine inspection.
37	3-302.12 (C) Observed along front line food prep squeeze container of tan liquid food substance without name identifying contents on container in RIC and on prep counter by scale shake-style container of dry food substance without name identifying contents on container. Working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food. Tan liquid food substance was caramel sauce and dry food substance was celery salt according to person-in-charge and labeled by person-in-charge during inspection.
47	4-501.11 (C) Observed in back storage room two (2) chest freezers (#4 {pecan} & #12 {coffee}) with: front top handle damaged & sharp edges (#4 pecan), inside white plastic lids coming unattached, hard foam insulation exposed, gaskets coming unattached from lids, and not maintained in good repair. Equipment components such as doors, seals, hinges, fasteners, and kick plates shall be kept intact, tight, and adjusted in accordance with manufacturer's specifications. Please correct this violation within 90 days or at least by next routine inspection.

CFPM Verification (name, expiration date, ID#): Kaitlyn Sweeney


Kaitlyn Sweeney
10cbdd-j29e8jd - StateFoodSafety
Exp. 12/2026Mariah Rocke
14e02g-j8979kd - StateFoodSafety
Exp. 9/2027

HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food, employee healthy policy


Person In Charge (Signature)

Jul 25, 2023

Date


Inspector (Signature)Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: _____

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Establishment #: 23 016

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Person in Charge (Signature) Katuer

Jul 25, 2023

Date _____

Paul Wilken word
Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: _____